

1046

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH		County <u>Yavapai</u> State <u>Arizona</u>		State File No. <u>458</u>	
District or Township <u>Prescott</u>		City <u>Prescott</u>		Registered No. <u>31613</u>	
2. FULL NAME <u>John J. Buckman</u>		No. _____		St. _____ Ward _____	
(a) Residence, No. <u>311 So Montezuma</u>		(Usual place of abode)		St. _____ Ward _____	
Length of residence in city or town where death occurred		yrs. mos. da.		How long in U. S. if of foreign birth? yrs. mos. da.	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Male</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year)					
7. AGE <u>64</u>	Years	Months	Days	IF LESS than 1 day _____ hrs. or _____ min.	
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work <u>Laborer</u>					
(b) General nature of industry, business or establishment in which employed (or employer) <u>Common</u>					
(c) Name of employer _____					
9. BIRTHPLACE (city or town) <u>No record</u> (State or country) <u>Kansas</u>					
10. NAME OF FATHER <u>John J. Buckman</u>					
11. BIRTHPLACE OF FATHER <u>No record</u> (State or country) <u>Kansas</u> (city or town) _____					
12. MAIDEN NAME OF MOTHER <u>Sarah Russell</u>					
13. BIRTHPLACE OF MOTHER <u>No record</u> (State or country) <u>Kansas</u> (city or town) _____					
14. Informant <u>Mrs. John H Buckman</u> (Address) <u>Prescott Arizona</u>					
15. <u>Mar. 27 1927</u>					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>Feb 10-1927</u> Month _____ Day _____ Year _____					
17. I HEREBY CERTIFY That I attended deceased from <u>July 15</u> 19 <u>27</u> that I last saw him alive on <u>Feb 13</u> 19 <u>27</u> and that death occurred, on the date stated above, at <u>10:45 a.m.</u> THE CAUSE OF DEATH* was as follows: <u>Carcinoma-Metastatic from face to throat lungs & Colon</u>					
18. Where was disease contracted _____ If not at place of death? _____ Did an operation precede death? <u>No</u> Date of _____ Was there an autopsy? <u>No</u> What test confirmed diagnosis? <u>Clinical</u> (Signed) <u>A. J. Henthorn</u> M. D. <u>2/11</u> 19 <u>27</u> (Address) <u>Prescott</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Citizens Cem</u> <u>Prescott Arizona</u>				DATE OF BURIAL <u>Feb 12-27</u>	
20. UNDERTAKER <u>Lester Ruffner</u>				ADDRESS <u>Prescott</u> <u>Ariz</u>	